

# **EXHIBIT 1**

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF MASSACHUSETTS

IN RE: Videotape  
NEURONTIN MARKETING, SALES : Deposition of:  
PRACTICES AND PRODUCTS :  
LIABILITY LITIGATION : MICHAEL TRIMBLE  
:

THIS DOCUMENT RELATES TO:

Smith, et al. v Pfizer, et al.

Case No. 05-cv-11515-PBS

TRANSCRIPT of testimony as taken by and before PATRICIA A. SANDS, a Shorthand Reporter and Notary Public of the States of New York and New Jersey, at the offices of Lanier Law Firm, 126 East 56th Street, New York, New York, on Tuesday, September 2, 2008, commencing at 9:15 in the forenoon.

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Florham Park, New Jersey 07932  
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22 ALSO PRESENT:  
23 Adam DiCola, Videographer  
24  
25

## 1 EXHIBITS, continued.

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1 with the Gabapentin. And probably 24, 48  
 2 hours, two days.  
 3 BY MS. MCGRODER:  
 4 Q What is the half life of Neurontin?  
 5 A Six hours. Depending on age, of  
 6 course.  
 7 Q What's the half life in elderly  
 8 individuals?  
 9 A The half life is much extended in  
 10 elderly individuals.  
 11 Q And what's your basis for saying  
 12 that?  
 13 A The half life of all drugs is  
 14 extended in elderly individuals, because they  
 15 have less efficient mechanisms to clear the  
 16 drug from the system.  
 17 Q You are aware, Dr. Trimble, that  
 18 Neurontin is not metabolized by the liver;  
 19 correct?  
 20 MR. FINKELSTEIN: Objection.  
 21 THE WITNESS: No, it's the kidney  
 22 that is, begins to fail as you get older.  
 23 BY MS. MCGRODER:  
 24 Q So short of kidney failure --  
 25 A Well, it's not failure, it's just

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1 that older kidneys don't get rid of the drugs  
 2 so efficiently.  
 3 Q So are there data that support your  
 4 opinion, other than this principle, this, I  
 5 guess you would call it pharmacologic  
 6 principles you're relying on, are there data  
 7 that support that it takes longer for elderly  
 8 to eliminate Gabapentin than other age groups?  
 9 A I'm not certain if there are specific  
 10 studies on the elimination rate of Gabapentin  
 11 specifically in the elderly, but I don't see  
 12 why Gabapentin would be any different from a  
 13 vast number of other drugs that have been  
 14 looked at in elderly people.  
 15 Q And the other drugs that you're  
 16 thinking of are anti-epileptics?  
 17 A Well, no, just as a general principle  
 18 of pharmacology.  
 19 Q So as you sit here today, you have no  
 20 data to support your opinion that Neurontin  
 21 takes longer -- would have a longer half life  
 22 in the elderly, because it takes longer to  
 23 eliminate?  
 24 A I do not, but my belief is that the  
 25 answer to your question would be found in

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1 company documents.  
 2 Q Have you looked for those company  
 3 documents?  
 4 A I haven't specifically looked for  
 5 those company documents.  
 6 Q Where would you look?  
 7  
 8 A Well, it may well be that the company  
 9 in the very early days when you have a new  
 10 product, you look for biological variables in  
 11 the human volunteer population.  
 12 Q The pharmacokinetic studies?  
 13 A Yes. And often these are not  
 14 published and whatever, so but it may well be  
 15 that the data is available.  
 16 Q Mr. Finkelstein didn't provide you  
 17 with the pharmacokinetic studies --  
 18 A No.  
 19 Q -- related to Gabapentin?  
 20 A No. No.  
 21 Q I want to make sure I got this. I  
 22 think when I asked you how many days it took to  
 23 get to steady state, you said it would depend  
 24 on the half life; right?  
 25 A The steady state is usually related

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1 to the half life.  
 2 Q Okay, so if it takes 48 hours in a  
 3 regular person based on the half life of  
 4 Neurontin to eliminate, are you suggesting it  
 5 takes longer to get to a steady state in  
 6 elderly people because it is slower at  
 7 eliminating?  
 8 A Yes.  
 9 Q Okay, so what is the half life, in  
 10 your opinion, in elderly individuals?  
 11 A I don't have those data at my  
 12 fingertips. But it's easy to look up on the  
 13 net.  
 14 Q Do you think it's something longer  
 15 than six hours?  
 16 A It could be longer, yeah.  
 17 Q Well, do you think it's double?  
 18 A It could well be. But again --  
 19 Q Do you think it's triple?  
 20 A It depends on the individual, and how  
 21 their general metabolism is, how they're  
 22 functioning.  
 23 So the elderly have other -- I don't want  
 24 to go into this -- but elderly have other  
 25 issues, like fat deposition which is different,

1 you're missing.  
 2 THE WITNESS: It's a single dose?  
 3 This is a single-dose study?  
 4 BY MS. MCGRODER:  
 5 Q Yes, let's talk single dose for now.  
 6 A Okay, because that's crucial,  
 7 obviously, but I don't know, uhm -- I don't  
 8 know if that's even been looked at. It  
 9 probably has, but with the short half life, it  
 10 probably would clear within 24 hours.  
 11 Q Is it not important to your opinion  
 12 in the Smith case to know how long it takes for  
 13 Neurontin to clear from the system following  
 14 the last dose?  
 15 A That's a different question, though.  
 16 The question as to what happens when you take a  
 17 single dose is very different to somebody who  
 18 takes multiple doses, because the body becomes  
 19 saturated with the product. And if you stop  
 20 taking the drug, you will still get the product  
 21 emerging from fatty tissue, for example.  
 22 So the delay, when you've been taking the  
 23 drug chronically, is very different.  
 24 Q Okay, let's say you have been taking  
 25 Gabapentin for two months.

1 A Okay.  
 2 Q And you take your last dose.  
 3 A Okay.  
 4 Q How long before there is no  
 5 appreciable Gabapentin in your system?  
 6 A I would say several days, at least.  
 7 Q And on what do you base your opinion  
 8 that it would be several days at least?  
 9 A On what I've just said, that the drug  
 10 has to come out of the body tissue, body  
 11 system. But that is a guess. As far as I  
 12 know, it's not been looked at.  
 13 Q What is the point at which the drug  
 14 would have no clinical effect following last  
 15 ingestion?  
 16 A That is a different question again.  
 17 Q Yes, that's why I asked it.  
 18 A If you have a drug which acts on the  
 19 brain and influences brain neurochemistry, you  
 20 may well have an effect on the central nervous  
 21 system which by far outlasts the effect of the  
 22 amount of the blood, of what's in the blood.  
 23 So once you have got the blood into the  
 24 brain, you're talking again about a different  
 25 system to just looking at what comes out when

1 you stop the drug from the blood stream.  
 2 Q All right, and so my question is  
 3 related to clinical effects. So maybe you  
 4 tried to answer my question and I just didn't  
 5 understand your answer.  
 6 But my question is: How long after your  
 7 last ingestion of Gabapentin would you expect  
 8 there to be any clinical effect -- let's say,  
 9 let's say you're taking Gabapentin for pain  
 10 reduction -- how long after your last dose of  
 11 Gabapentin would you have clinical, the  
 12 clinical effect of pain reduction?  
 13 MR. FINKELSTEIN: Objection.  
 14 I don't know that there's any  
 15 efficacy that it's ever been established  
 16 that Gabapentin has any effect --  
 17 MS. MCGRODER: Objection to form is  
 18 fine.  
 19 MR. FINKELSTEIN: -- on pain  
 20 reduction.  
 21 THE WITNESS: I do not know the  
 22 literature on the use of Gabapentin in  
 23 chronic pain.  
 24 BY MS. MCGRODER:  
 25 Q All right, well, let's talk about an

1 epileptic, then. Do you know the literature on  
 2 epilepsy and Gabapentin?  
 3 A I do.  
 4 Q Okay, so let's assume that somebody's  
 5 on Gabapentin for epilepsy, and they take their  
 6 last dose.  
 7 A Okay.  
 8 Q They just decide I'm not taking this  
 9 drug anymore.  
 10 A Yup.  
 11 Q They've taken their last dose.  
 12 How long after the last dose will the  
 13 person no longer have seizure control, or have  
 14 the clinical benefit of the drug?  
 15 A As far as I'm aware, if you stop  
 16 Gabapentin, you do not get a rebound of  
 17 seizures, withdrawal seizures.  
 18 What you do get with some other  
 19 anti-epileptic drugs -- the point of that is to  
 20 say that the lingering anti-epileptic effect  
 21 must go on several days.  
 22 Q And is there any literature that  
 23 supports your opinion that there is lingering  
 24 effect that goes on for several days?  
 25 A Well, I have not read a literature

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22 For the Defendant

23 816 474-6550

24

25 ALSO PRESENT:

Adam DiCola, Videographer

Page 343

1 PROF. MICHAEL TRIMBLE,

2 Institute of Neurology

3 Queen Square

4 London WCIN3CB,

5 having been previously sworn, was

6 examined and testified as follows:

7

8 THE VIDEO OPERATOR: Please standby.

9 We are on the record. My name is

10 Adam DiCola of Veritext Corporate

11 Services. The date today is September 3,

12 2008, and the time is approximately

13 9:16 a.m. This deposition is being held

14 in the office of Lanier Law Firm, located

15 at 126 East 56th Street, New York, New

16 York.

17 The caption of this case is Smith, et

18 al., versus Pfizer, et al., in the United

19 States District Court, District of

20 Massachusetts, Case Number

21 05-CV-11515-PBS.

22 The name of the witness is Professor

23 Michael Trimble.

24 At this time the attorneys will

25 identify themselves and the parties they

represent, after which our court reporter,

Patricia Sands, will swear in the witness

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4 WITNESS DIRECT

5 PROFESSOR MICHAEL TRIMBLE

6

7 Ms. McGroder 344

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9 EXHIBITS

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16 EXHIBIT 21 UMC notes 404

17 EXHIBIT 22 Juurlink article 455

18 EXHIBIT 23 Police report 482

19 EXHIBIT 24 Medical examiner's report 489

20 EXHIBIT 25 Suicide note 497

21 EXHIBIT 26 Photo 508

22 EXHIBIT 27 Wood letter 539

23

24

25

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1 and we can proceed.

2 MR. FINKELSTEIN: Andrew Finkelstein,

3 on behalf of the Smith family.

4 MR. SOH: Ken Soh, on behalf of the

5 Smith family as well.

6 MS. McGRODER: Lori McGroder, of

7 Shook, Hardy & Bacon, on behalf of Pfizer.

8 MS. STEVENSON: Jennifer Stevenson,

9 of Shook, Hardy & Bacon, also on behalf of

10 Pfizer.

11 THE WITNESS: We did this yesterday.

12

13 CONTINUED DIRECT EXAMINATION

14 BY MS. McGRODER:

15 Q Professor Trimble, you know you're

16 still under oath; correct?

17 A Correct.

18 Q Did you do anything last night to

19 prepare for the continuation of your deposition

20 this morning?

21 A Last night and this morning I read

22 through my bundle of Mr. Smith's notes.

23 Q And those would be the medical

24 records marked as Exhibit --

25 A The ones that you had yesterday.



1 BY MS. McGRODER:

2 Q Does the literature report as a  
3 definition for impulsivity that the idea for  
4 the act of suicide occurs within 5 minutes of  
5 the suicide?

6 A No.

7 Q Did you look at the literature on  
8 that?

9 A No, but I'm quite familiar with  
10 impulsive behaviors. We have done research in  
11 that area.

12 Q Did you look at the literature on  
13 impulsive suicide behaviors?

14 A Not especially.

15 Q The behaviors you're referring to are  
16 aggression?

17 A Aggressive behaviors, impulsive motor  
18 behaviors, obsessive compulsive behaviors.  
19 These kind of thing.

20 Q Is obsessive compulsive behavior  
21 impulsive?

22 A In certainly can be.

23 Q And then the other one, apart from  
24 aggression, I think you said was impulsive  
25 motor disorders?

1 suicide?

2 A I am not.

3 Q Reading this suicide note, is it now  
4 clear to you why Mrs. Smith said to the medical  
5 examiner that she did not want an autopsy,  
6 because Mr. Smith did not want to be cut on any  
7 more?

8 A I'm just not certain of the link  
9 between her statement in the autopsy report and  
10 the suicide note. In other words, I'm not  
11 quite sure of the link between the two. I  
12 mean, he may have expressed an opinion before  
13 this suicide note about not having further  
14 operations.

15 Q And so do you think it's coincidence  
16 that Mrs. Smith says "Richard's final wishes  
17 were not to be 'cut' on any more"?

18 A Well, if she's referring to this  
19 document, then I accept that. But we have to  
20 just recall that he had expressed concern about  
21 having further surgery before, that was all.

22 Q And so when Mr. Smith says "I don't  
23 want to be cut on any more", is that a  
24 reference, in your opinion, to future  
25 surgeries?

1 A In this country it's called Tourette  
2 syndrome, T-O-U-R-E-T-T-E syndrome, that people  
3 have compulsive and impulsive behaviors.

4 Q And with Tourette syndrome, in your  
5 clinical practice is that considered part of  
6 your movement disorder practice?

7 A Oh, yes.

8 Q Okay. And so apart from impulsivity  
9 associated with those behaviors, movement  
10 disorder or obsessive compulsive or aggression,  
11 have you, in fact, studied the literature on  
12 impulsive suicide behavior?

13 A Not specifically on impulsive suicide  
14 behavior.

15 Q And you are not an expert in suicide  
16 behavior?

17 A I am not a suicidologist, that is  
18 correct.

19 Q And so you are not an expert in  
20 impulsive suicide behavior?

21 A By definition.

22 Q So you're not aware that the  
23 literature on impulsive suicide provides a  
24 definition of 5 minutes between the initiation  
25 of the thought of suicide and the actual

1 A That is certainly a possibility.

2 Q It is it more likely than not that  
3 that's what he's referring to?

4 A It is likely that that is what he is  
5 referring to.

6 MS. McGRODER: Let's take a 3 minute  
7 break.

8 THE VIDEO OPERATOR: Please standby.  
9 We are going off the record, the time  
10 is 1:23 p.m.  
11 (Recess.)

12 THE VIDEO OPERATOR: Please standby.  
13 We are back on the record, the time  
14 is 1:31 p.m.

15 BY MS. McGRODER:

16 Q Are you aware, Professor Trimble,  
17 that Mr. Smith laid a plastic sheet out on the  
18 bed to prevent the soiling of the bed with  
19 biohazard material before his suicide?

20 MR. FINKELSTEIN: Objection.

21 THE WITNESS: No, I'm not. I was not  
22 aware.

23 THE VIDEO OPERATOR: Professor, your  
24 mic.

25 THE WITNESS: No, I was not aware.



1 he says it makes him loopy. But he, himself,  
2 refers to the fact that he is on Neurontin.  
3 And then the family depositions also consider  
4 him to have been reliable on taking  
5 medications. So I no reason to doubt the fact  
6 he was taking Neurontin.

7 Q Have you looked to see how many pills  
8 were in the prescription vile of Neurontin that  
9 Mr. Smith left on his dresser at the time of  
10 his suicide?

11 A I have not.

12 Q So, again, you have no idea whether  
13 he completed taking the pills that were  
14 prescribed for him? The Neurontin pills that  
15 were prescribed for him?

16 A My understanding is that he had more  
17 Neurontin given to him beyond those that were  
18 prescribed in a script.

19 Q Okay.

20 A That's my understanding.

21 Q Samples?

22 A Well, in a sashay, as I believe.

23 Q Well, we'll get there.

24 A Okay.

25 Q Right now the question is you don't

1 know one way or the other whether he completed  
2 taking the pills that were in the vile that he  
3 filled at the pharmacy on March 9, 2004?

4 A That is correct.

5 Q And there could be a full vile of  
6 pills left over, and that is something you  
7 didn't consider?

8 A That is correct.

9 Q Do you know the exact number of  
10 samples that were in Mr. Smith's possession?

11 A I do not.

12 Q Is there any evidence in the record  
13 of the exact number of samples that Mr. Smith  
14 took?

15 A Not that I have seen.

16 Q Do you consider anywhere in your  
17 report Donna Smith's illness, her cancer as a  
18 factor related to Mr. Smith's suicide?

19 A I do not consider it a factor  
20 relating to his suicide.

21 Q It's not in your report?

22 A It is not, and I do not consider it a  
23 factor.

24 Q Is it your opinion in this case that  
25 Neurontin caused Mr. Smith's suicide because

1 more likely than not his suicide was impulsive?

2 A It has not so much to do with  
3 impulsivity, it has to do with the alteration  
4 of his mental state that occurs following the  
5 ingestion of Gabapentin or Neurontin.

6 Q Tell me specifically what evidence  
7 you rely on, the factual evidence in the  
8 record, that Mr. Smith's suicide was impulsive?

9 MR. FINKELSTEIN: Objection as to  
10 form.

11 THE WITNESS: Well, I think I have a  
12 difficulty with the term "impulsive". I'm  
13 not certain --

14 BY MS. MCGRODER:

15 Q It's in your report?

16 A Yes, but this was not a carefully  
17 planned, documented suicide where everything  
18 was put in context, everything was sorted out,  
19 saying good-bye to people. This happened  
20 suddenly.

21 Now the term "impulsive" is used in a  
22 number of ways. I am using it to say that this  
23 was not a carefully planned, or even  
24 predictable suicide event. It came out of the  
25 blue.

1 Q You testified yesterday that it is  
2 most likely that at some point before March, or  
3 in March, because of his "fiscal" problems he  
4 was working part-time.

5 What fiscal problems were you referring  
6 to?

7 A Physical problems? I just didn't get  
8 the question.

9 Q Fiscal problem.

10 A I wasn't sure whether you said  
11 "fiscal" or "physical."

12 Q Well, the transcript --

13 MR. FINKELSTEIN: They think you  
14 said --

15 Q Of course it's a draft, says  
16 "fiscal".

17 A No, physical.

18 Q So the word you were using is  
19 "physical"?

20 A Physical, yes.

21 Q All right. Are you aware of any  
22 financial problems that the Smith family had at  
23 any time in 2004?

24 A No.

25 Q How about 2003?